THE IMPORTANCE OF CLASS MANAGEMENT IN MEDICAL ENGLISH READING CLASSES.

Akhmedova Aziza Furkatovna

Uzbekistan

Tashkent State Medical University

Teacher of the Department of Foreign Languages

+998 999777025

Abstract

Effective classroom management forms the foundation of successful language instruction, and it becomes especially critical in specialized domains like Medical English. In a reading class for medical students or other healthcare professionals, classroom management influences student engagement, reading comprehension, the efficient use of instructional time, and the ability to scaffold higher-level critical reading skills. This paper reviews theoretical and empirical insights into classroom management, examines the unique needs of medical English reading instruction, and proposes strategies and practical implications for teachers aiming to optimize learning outcomes in this setting.

Keywords: classroom management, Medical English, reading strategies, scaffolding, student engagement, peer-assisted learning.

Introduction

Reading plays a key role in teaching Medical English. Medical students and healthcare professionals are required to frequently read and work with complex scientific papers, clinical case reports, research publications, and professional guidelines written in English (Al-Jamal, 2018; Alhumsi, 2021). Reading in a second language is mentally challenging, especially when learners need to understand unfamiliar medical terms, follow complex explanations, and connect new information

to what they already know (Alhumsi, 2021; Li, 2025). In such a demanding linguistic and disciplinary context, class management is not simply a matter of maintaining discipline or organizing seating—it becomes a critical enabler of deep learning, sustained engagement, and scaffolded comprehension.

Effective classroom management in a medical English reading class allows the teacher to use time efficiently, reduce distractions, and build a safe, structured environment. This helps students tackle difficult texts, ask questions, and work with peers. In short, good class management supports learners as they progress from basic reading to critical understanding and from passive learning to active participation. This paper reviews important ideas about classroom management, examines the challenges of teaching Medical English reading, and suggests strategies for combining good classroom management with effective ways to teach medical texts.

Literature Review

Key Concepts and Research

Classroom management is the way a teacher organizes the learning environment to make the best use of time, encourage positive student behavior, and keep learners actively involved (Wilkins, 2022; Moreland, 2025). A well-managed class can reduce off-task behaviors, foster positive student–teacher interaction, and increase the amount of time students spend actually engaged in learning (Wilkins, 2022).

In reading instruction, classroom management often includes specific routines for before, during, and after reading; predictable transitions; clear expectations for silent or paired reading; and structures that support students in sustaining silent reading, partner reading, or shared reading without frequent distractions (Savvas, 2025; Reading Rockets, 2024).

There is a strong body of evidence that effective classroom management significantly enhances student outcomes in language and literacy learning. Wilkins (2022) argues that well-managed classrooms maximize participation, promote positive behaviors, and prevent disruptions that fragment students' cognitive engagement.

Research on reading workshops shows that when students follow clear routines, teacher scaffolding, and know what to expect in class, they can read for longer, control their behavior better, and enjoy reading more deeply (Reading Rockets, 2024; Learning in Room 213 blog, 2020).

Moreover, research on English language learners (ELLs) also emphasizes that instructional strategies cannot be separated from classroom management. In short, strong classroom management sets the stage for meaningful reading instruction, especially in demanding linguistic and content-rich contexts.

Specific Challenges of Medical English Reading

Medical English (also called English for Medical Purposes, EMP) presents unique reading challenges. Learners must navigate dense scientific vocabulary, complex nominalizations, compound sentences, and discipline-specific rhetorical structures (Alhumsi, 2021; Li, 2025). Moreover, medical texts often require readers to understand research methods, statistical arguments, clinical protocols, and to integrate new findings with prior biomedical knowledge (Alhumsi, 2021). In non-native English speaker environments, learners may not have had much prior experience with academic scientific prose in English, increasing the strain on working memory and slowing down reading pace (Alhumsi, 2021).

Affective factors—such as anxiety, fear of misunderstanding, or reluctance to ask questions—can also slow down learner engagement. If students do not feel safe to ask "What does this term mean?" or "Could you explain that finding again?" or to say "I got stuck on this sentence," then reading becomes a covert struggle rather than a collaborative, scaffolded process (Wilkins, 2022; Moreland, 2025).

Students benefit from active scaffolding: pre-reading activities to build background knowledge, strategy instruction (predicting, clarifying, questioning, summarizing), modeling "think-alouds," and guided peer discussion (Palincsar & Brown's reciprocal teaching model is often cited as an effective approach in such settings) (Palincsar & Brown, 1986; Reading Rockets, 2024).

Without effective classroom management, scaffolding may fail: peer discussions become unfocused, students lose attention during reading tasks, transitions slow down, and the teacher must re-explain instructions, leaving less time for reading and strategy practice.

Strategies for Effective Class Management in Medical English Reading Classes

To meet the specific demands of medical English reading instruction, teachers can adopt a combination of general classroom management best practices and reading-specific scaffolding routines. The following strategies draw on research and professional practice in literacy education, English for Specific Purposes (ESP), and second language pedagogy.

One of the first tasks is to create predictable classroom routines: for instance, a consistent opening "pre-reading routine" where students review a KWL chart ("What I Know / What I Want to Know / What I Learned") or discuss essential background knowledge before reading (Ogle, 1986). Then, a transition to silent reading or partner reading needs to be highly structured: "every student gets a text, reads for ten minutes, then writes a one-sentence summary or a question, then turns to a partner and shares" (Savvas, 2025; San Diego teaching guide, 2021). Ending reading segments with a clear "post-reading protocol" (e.g., summarization, question generation, group sharing) helps students exit the reading task and consolidates comprehension.

When these routines are well practiced and clearly signposted, students spend more of the class time actively reading or discussing the text and less time waiting, wondering, or chatting. This stability is particularly beneficial in cognitively demanding tasks such as reading medical texts.

Teach and Reinforce Reading Strategies Explicitly

Medical English readers benefit when teachers explicitly model and scaffold reading strategies such as predicting, clarifying, questioning, and summarizing—a

method often called reciprocal teaching (Palincsar & Brown, 1986). The teacher might begin by "thinking aloud" on a short medical abstract: predicting the likely structure of the argument, clarifying unknown vocabulary or grammatical structures, asking rhetorical questions ("What is the main question this study addresses?"), and summarizing each paragraph in simpler terms. Then students practice the same sequence in pairs or small groups with guided scaffolding. Over time, students internalize the process and can apply these strategies more independently.

Peer-assisted learning (PAL) has been shown to enhance mastery of medical English, especially when students help each other with complex reading tasks, vocabulary, and disciplinary discourse (Lin et al., 2025). Using peer tutoring keeps students engaged and balances cognitive load, as partners take turns reading, clarifying terms, and discussing concepts before regrouping. (Lin et al., 2025).

Moreover, medical texts use dense, specialized vocabulary, students need background knowledge and scaffolding before reading independently. Pre-reading tasks—such as mini-lectures, videos, or quick quizzes—should be well managed to support the reading.

Foster a Safe and Inclusive Learning Climate

Reading medical English can provoke anxiety. Students may worry about "not understanding," "missing the point," or "looking foolish" if they ask clarifying questions. Therefore, a key role of class management is to create a safe, inclusive, and supportive atmosphere in which students feel comfortable admitting confusion, asking for clarification, and making mistakes. Wilkins (2022) and Moreland (2025) emphasize that classroom management is not just about enforcing rules—it is also about creating a positive relational climate, greeting students warmly, reinforcing desired behaviors ("catching them being good"), and being responsive to student questions and confusion.

The teacher might also allocate short "clarification breaks" during the reading, where any student can say "I'm stuck here" and pose a question, and the class pauses for either peer or teacher clarification before continuing.

Practical Example: A Sample Medical English Reading Lesson

To illustrate how these strategies might be combined, imagine a 90-minute medical English reading class focused on a short empirical research abstract on a recent clinical trial.

1. **Pre-reading (10 minutes)**

➢ Warm-up: students indicate their confidence level in reading scientific English for the day ("reading anxiety check-in").

➢ Teacher displays a KWL chart and asks students to brainstorm what they already know (K) about the clinical topic (e.g., a new vaccine, a metabolic disorder, or a surgical technique) and what they want to learn (W).

➢ Teacher introduces 8–10 key technical vocabularies in a brief "word wall" format, asking students to hypothesize meanings and compare them with dictionary/glossary definitions.

2. **Modeling the Strategy: Reciprocal Teaching (10 minutes)**

➢ Teacher models one paragraph of the abstract, thinking aloud to demonstrate predicting, clarifying vocabulary and structure, forming questions, and summarizing.

3. **Guided Practice in Pairs: Think-Pair-Share (20 minutes)**

➢ Students work in pairs: one reads paragraph aloud, the other listens and notes confusing terms or sentence structures. They switch roles for paragraph 2.

➢ After reading, each student writes (a) one question they have about the text, (b) one sentence summarizing the paragraph, and (c) one vocabulary item they want to clarify further.

➢ Pairs compare their questions, summaries, and vocabulary items, discussing differences and helping each other clarify.

4. Whole-Class Debrief and Clarification Break (15 minutes)

➢ Pairs report back to the class. The teacher asks particularly difficult or confusing sentences, clarifies vocabulary, and prompts students to revise their summaries or questions as needed.

➢ If misunderstandings remain, the teacher briefly pauses the lesson to show a short visual aid or slide illustrating the clinical procedure or methodology.

5. Independent Reading and Strategy Application (20 minutes)

➢ Students read the full abstract individually, using the reciprocal teaching strategies themselves (predicting, clarifying on the fly, questioning, summarizing).

➢ The teacher monitors progress, reinforces strategy steps, and prompts students with guiding questions, "What question do you have now?" or "How would you summarize this finding?"

6. Post-reading Reflection and Exit Ticket (15 minutes)

➢ Students return to the KWL chart and write what they learned (L).

➢ Students complete a quick exit ticket:

"What was the most confusing sentence or idea?"

"Which strategy helped you most?"

"What would help you next time when reading a medical research abstract?"

➢ Teacher concludes with positive reinforcement, highlights progress, and gathers quick feedback on session pace and what might help in future reading sessions.

Throughout this lesson, classroom management routines are integrated: clear transitions between phases, timed tasks, paired work with defined roles, periodic whole-class gather-ups, and frequent opportunities for both peer and teacher feedback.

Discussion and Implications

Carefully structured routines, explicit strategy instruction, peer support, and continuous monitoring foster a classroom environment where medical English reading is accessible, engaging, and efficient. Effective class management keeps students focused, enables the use of higher-order reading strategies, and sustains active learning rather than passive frustration.

For teachers of Medical English reading classes, several implications follow:

	In the first lessons, teach and practice routines, transitions, and roles. Do not expect students to already know how to read in English in groups. Give them support with both the reading process and classroom rules.
	Clearly explain the reading strategies and show students how to use them step by step. Practice methods like reciprocal teaching or think-pair-share together. Give support at first, then reduce it so students slowly take more control of their reading.
	Use peer-assisted learning and pair/group work, but structure it carefully: give clear roles, time limits, and debriefing phases to ensure the work remains focused and equitable.
	Create a psychologically safe environment: normalize confusion, encourage "looking stupid" questions, offer brief clarification breaks, and frequently reinforce student effort and strategy use.
	Monitor continuously, and remain flexible.

	Time is limited in a reading class, and students' attention, comprehension, and affective states can shift quickly during a dense medical text. Be ready to pause, reorganize, or scaffold further as needed.

Conclusion

In conclusion, classroom management is not just background support in a medical English reading class. It directly affects how well students pay attention, use reading strategies, and become independent in reading scientific and clinical texts. A well-managed class creates the space, the structure, and the psychological safety learners need to grapple with unfamiliar terminology, dense argumentation, and demanding disciplinary discourse. Teachers who take care to design routines, scaffold strategically, involve peers thoughtfully, and monitor adaptively are more likely to see students move from surface-level decoding to confident, strategic, and critical reading of medical English texts.

References

1. Al-Jamal, D. A. H. (2018). The role of linguistic clues in medical students' reading comprehension. *PMC Article*.

2. Alhumsi, Mohammad. (2021). The Issue of the Reading Skills in Medical Schools during the Coronavirus Pandemic. Mextesol Journal. 45. 2021.

3. Lin, P., Cai, У., He, S. *et al.* Enhancing medical English proficiency: the current status and development potential of peer-assisted learning in medical education. *BMC Med Educ* 25, 79 (2025). https://doi.org/10.1186/s12909-024-06492-x

4. Moreland.edu. (2025, July 30). Classroom management strategies. *The New Teacher's Guide to Mastering Classroom Management*.

5. Ogle, D. (1986). K-W-L: A teaching model that develops active reading of expository text. The Reading Teacher, 39, 564–570.

6. Palincsar, A.S., & Brown, A.L. (1984). Reciprocal teaching of comprehension-fostering and comprehension-monitoring activities. *Cognition and Instruction, 2,* 117-175

7. Prodigy Game blog. (2025). 20 classroom management strategies and techniques.

8. Reading Rockets. (2024). Classroom management. *Reading Topics A-Z.*

9. Savvas Learning Company. (2025). Classroom management for Science of Reading-based instruction.

10. University of San Diego (San Diego teaching guide). (2021). How to teach reading in the classroom: 10 strategies.

11. Wilkins, N. J. (2022). Classroom management and facilitation approaches that promote student engagement. *PMC Article.*